



PERSONAL INFORMATION:

Name: _____

Address: _____

Zip code & Town: _____

Country: _____

Phone: _____

Email: _____

ID/Passport No: _____

Name, address & phone to closest relative: _____

PREVIOUS FLYING EXPERIENCE:

Total Hours: _____

Expiry Date License: _____

Expiry Date Class Rating: _____

Issuing Country: _____

Expiry Date IR: _____

Expiry Date Medical: _____

Expiry Date Language: _____

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction	Cross Country Solo/PIC	Instrument Actual & Simulated	Night Instruction Received	Night PIC
Single Engine									
Multi Engine									
Other									



PHYSICAL RECORD:

Age: _____

Date of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

SELECT YOUR TRAINING COURSE(S)

Registration fee: *

<input type="checkbox"/> AIRLINE PILOT "ZERO TO MCC"	SEK 15,000.00
<input type="checkbox"/> PPL - PRIVATE PILOT LICENSE	SEK 3,500.00
<input type="checkbox"/> NQ - NIGHT QUALIFICATION	SEK 1,000.00
<input type="checkbox"/> CPL - COMMERCIAL PILOT LICENSE	SEK 1,500.00
<input type="checkbox"/> FI - FLIGHT INSTRUCTOR	SEK 3,000.00
<input type="checkbox"/> CBIR SE- INSTRUMENT RATING SINGLE ENGINE	SEK 3,000.00
<input type="checkbox"/> CBIR ME - INSTRUMENT RATING MULTI ENGINE	SEK 4,000.00
<input type="checkbox"/> VFR ME- MULTI ENGINE CLASS RATING	SEK 1,500.00
<input type="checkbox"/> VFR+IFR - MULTI ENGINE CLASS RATING	SEK 2,000.00
<input type="checkbox"/> CPL+IR+ME - PRACTICAL COURSE	SEK 5,000.00
<input type="checkbox"/> PBN - THEORY + PRACTICAL COURSE	SEK 2,000.00
<input type="checkbox"/> ATPL THEORY	SEK 5,000.00

REGISTRATION FEE INFORMATION:

* Registration fees are non-refundable. At first day of class the fee, less 10% or minimum 1000 SEK administration fee, will be credited toward your course tuition.

Bank transfer

SOUTH SWEDEN FLIGHT ACADEMY AB
Bank: NORDEA
Account: 1476 43 00907

Plusgiro:

86 92 82-4

Swish:

123 131 66 11

Appendix 1: [Student Guide](#)

- I have attached the required documents as per page 3 of this application form and understand that my application will not be processed until the application is complete.
- I have read and understood the application form and Appendix 1 and accept the terms and conditions. I also understand and accept that South Sweden Flight Academy AB is obliged by law to maintain my student records containing my personal information for up to 3 years.

Signed: _____

Date: _____

E-mail signed form and attachments to: malin@southsweden.se

You will be notified if eligible for the course(s) selected and will receive an Enrolment Letter via e-mail after full payment of registration fee.

CHECKLIST FOR REQUIRED DOCUMENTS

Instructions:

Please supply **one** PDF per attachment no larger than 2MB per pdf.

Name each PDF with your initials, for example: MH_PASSPORT.pdf

**PPL &
0-MCC**

- PASSPORT - Valid passport
- MEDICAL - EASA medical*
- TRANSCRIPTS - Math, Physics & English

* Medical is required by the time for first solo flight.

NQ

- PASSPORT - Valid passport
- LICENSES - Valid licenses
- MEDICAL - EASA medical

ME

- PASSPORT - Valid passport
- LICENSES - Valid licenses
- MEDICAL - EASA medical
- LOGBOOK - Last three pages of logbook

**CBIR &
PBN**

- PASSPORT - Valid passport
- LICENSES - Valid licenses
- LOGBOOK - Last three pages of logbook
- MEDICAL - EASA medical
- TRANSCRIPTS - Math, Physics & English

**CPL
&
FI**

- PASSPORT - Valid passport
- LICENSES - Valid licenses
- LOGBOOK - Last three pages of logbook
- MEDICAL - EASA medical
- ATPL THEORY CERTIFICATE*

* FI students; ATPL certificate is required for PPL FI, Transcripts in Math, Physics & English suffice for LAPL FI.

**ATPL
THEORY**

- PASSPORT - Valid passport
- LICENSE - Valid license
- MEDICAL - EASA medical class 1
- TRANSCRIPTS - Math, Physics & English

E-mail signed application form and attachments to: malin@southsweden.se